

SENATE SUMMARY OF HOUSE AMENDMENTS

SB 282 By Senator Hebert**KEYWORD AND SUMMARY AS RETURNED TO THE SENATE**

HEALTH CARE. Provides for disclosure of health care provider network information to consumers. (8/15/09)

SUMMARY OF HOUSE AMENDMENTS TO THE SENATE BILL

1. Deletes provisions requiring health insurance issuers to develop and maintain a database to provide an enrollee web access to determine if a health care provider or health care facility is a contracted health care provider with their health insurance issuer and web access to a health insurance issuer's network of providers accessed or utilized by a health insurance issuer. Instead requires each hospital or ambulatory surgical center to provide information relative to certain health care providers who provide services at that facility to health insurance issuers and to timely notify them of any changes. Thereafter requires health insurance issuers to post such information on their websites and to provide a link to the Department of Insurance (DOI) which will then make such link available on its website.
2. Deletes provisions authorizing the commissioner of insurance to refuse to renew or to suspend or revoke the certificate of authority of any health insurance insurer violating proposed law or to levy a civil fine.
3. Deletes provision authorizing an issuer aggrieved by the commissioner's decision, act, or order to demand a hearing.
4. Authorizes DOI to promulgate rules and regulations providing for civil fines payable by a health insurance issuer not to exceed \$500 for each act of violation of proposed law, not to exceed an aggregate fine of \$50,000. Additionally authorizes the Department of Health and Hospitals to promulgate rules and regulations to provide for civil fines payable by a health care provider not to exceed \$500 dollars for each act of violation of proposed law, not to exceed an aggregate fine of \$50,000.
3. Adds provisions holding both health insurance issuers and health care providers harmless for the nonintentional erroneous or incomplete information provided or reported pursuant to proposed law. Further specifies that the penalties under proposed law will be the exclusive remedy for any violations and that there will be no independent cause of action by any person based upon such violation or other information reported pursuant to proposed law.
4. Deletes provision making proposed law inapplicable to individual underwritten guaranteed renewable limited benefit health insurance policies.
5. Adds provision making proposed law applicable to the Office of Group Benefits.

DIGEST OF THE SENATE BILL AS RETURNED TO THE SENATE

Present law, the Health Care Consumer Billing and Disclosure Protection Act, defines "base health care facility" as a facility or institution providing health care services, including but not limited to a hospital or other licensed inpatient center, ambulatory surgical or treatment center, skilled nursing facility, inpatient hospice facility, residential treatment center, diagnostic, laboratory, or imaging center, or rehabilitation or other therapeutic health setting that has entered into a contract or agreement with a facility-based physician.

Proposed law provides that no later than March 31, 2010, or within 30 days of the effective date of a new contract, each hospital or ambulatory surgical center ("facility" or "contracted facility"), shall provide to each health insurance issuer with which it contracts, the National Provider Identifier (NPI) name, business address, and business telephone number of each individual or group of anesthesiologists, pathologists, radiologists, emergency medicine physicians, and neonatologists who provide services at that facility. Further requires that thereafter the facility notify each health insurance issuer of any changes to the information as soon as possible but not later than 30 days following any change.

Proposed law provides that no later than March 31, 2010, or within 30 days of the effective date of a new contract, each individual or group of anesthesiologists, pathologists, radiologists, emergency medicine physicians, and neonatologists who provide services at a contracted facility shall provide the health insurance issuer with which it is contracted, the NPI, name, business address, and business telephone number of each group or individual so contracted. Further requires that thereafter the group or individual so contracted notify each health insurance issuer of any changes to the information as soon as possible but not later than 30 days following any change.

Proposed law provides that based on such required information, a health insurance issuer shall report on its website, no later than June 30, 2010, in a format that is clear and easy for its enrollees to understand, the following information arranged by contracted facility:

- (1) Facility name, address, and phone number.
- (2) The names, business addresses and business telephone numbers of each individual or group of anesthesiologists, pathologists, radiologists, emergency medicine physicians, and neonatologists who provide services at that facility and who are contracted with the health insurance issuer.

Proposed law provides that for each speciality at each contracted facility, there shall be a clear indication when the health insurance issuer has no contract in place with any of the individuals or groups of anesthesiologists, pathologists, radiologists, emergency medicine physicians, and neonatologists who provide services at that contracted facility. Also requires that a health insurance issuer update its website as soon as possible but not later than 30 days following receipt of any updated information or within 30 days of the effective date of a contract.

Proposed law provides that no later than June 30, 2010, a health insurance issuer shall provide a link to its website containing the required information to the DOI. Further requires that no later than July 31, 2010, DOI make available the links received from health insurance issuers on its website.

Proposed law authorizes DOI, except as otherwise provided, to promulgate rules and regulations to provide for civil fines payable by a health insurance issuer not to exceed \$500 for each and every act of violation of the requirements of proposed law, not to exceed an aggregate fine of \$50,000. Defines "act of violation" as an intentional act or an act of gross negligence.

Proposed law authorizes the DHH to promulgate rules and regulations to provide for civil fines payable by a health care provider not to exceed \$500 for each and every act of violation of proposed law, not to exceed an aggregate fine of \$50,000. Defines "act of violation" as an intentional act or an act of gross negligence.

Proposed law requires a health insurance issuer that reports information received from a health care provider to indemnify and hold the health care provider harmless for the nonintentional erroneous or incomplete information provided by the health care provider to the health insurance issuer.

Proposed law requires a health care provider that provides information to a health insurance issuer to indemnify and hold the health insurance issuer harmless for nonintentional erroneous or incomplete information reported by the health insurance issuer.

Proposed law specifies that the penalties under proposed law shall be the exclusive remedy for any violations and that there shall be no independent cause of action by any person based upon such violation or other information reported pursuant to proposed law.

Proposed law applies to the Office of Group Benefits but the commissioner of insurance cannot levy a fine against the Office of Group Benefits. Provides that if the commissioner concludes that a violation has occurred, then he must notify the commissioner of administration in writing within 60 days of such violation.

Effective August 15, 2009.

(Adds R.S. 22:1879)

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